



Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	<b>Attorney Docket Number</b>	MSB-7277
	<b>First Named Inventor</b>	Rudiger Heidemann
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10 / 029,779
	<b>Filing Date</b>	12/18/2001
	<b>Group Art Unit</b>	N/A
	<b>Examiner Name</b>	N/A

COPY OF PAPERS  
ORIGINALLY FILED

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A Device and Method For Seed-Train Expansion of Mammalian Cells.**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **12/18/2001** as United States Application Number or PCT International Application Number **10/029,779** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
09/746,972	12/20/2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside the box → ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>				OR <input type="checkbox"/> Correspondence address below	
Name <b>Bayer Corporation</b>					
Address <b>800 Dwight Way</b>					
Address <b>P.O. Box 1986</b>					
City <b>Berkeley</b>			State <b>California</b>		ZIP <b>94701-1986</b>
Country <b>United states of America</b>		Telephone <b>510-705-7901</b>		Fax <b>510-705-7904</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Rudiger</b>			Family Name or Surname <b>Heidemann</b>		
Inventor's Signature <i>Rudiger Heidemann</i>				Date <b>2-6-02</b>	
Residence: City <b>Emeryville</b>		State <b>CA</b>		Country <b>U.S.A.</b>	
Citizenship <b>German</b>					
Mailing Address					
Mailing Address <b>6401 Shellmound Street, Apt. 8202</b>					
City <b>Emeryville</b>		State <b>CA</b>		ZIP <b>94608</b>	
Country <b>U.S.A.</b>					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Mokhtar</b>			Family Name or Surname <b>Mered</b>		
Inventor's Signature <i>Mokhtar B. Mered</i>				Date <b>02/11/02</b>	
Residence: City <b>Orinda</b>		State <b>CA</b>		Country <b>U.S.A.</b>	
Citizenship <b>U.S.A.</b>					
Mailing Address					
Mailing Address <b>8 Rae Drive</b>					
City <b>Orinda</b>		State <b>CA</b>		ZIP <b>CA</b>	
Country <b>U.S.A.</b>					
<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

### ADDITIONAL INVENTOR(S)

#### Supplemental Sheet

Page \_\_\_ of \_\_\_

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James D.		Michaels	
Inventor's Signature	<i>James D. Michaels</i>		Date 2/7/2002
Residence: City	Oakland	State CA	Country U.S.A.
Citizenship American			
Mailing Address			
1318 Bates Road			
City	Oakland	State CA	ZIP 94610
Country U.S.A.			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Konstantin		Konstantinov	
Inventor's Signature	<i>Konstantin</i>		Date 2/6/02
Residence: City	Walnut Creek	State CA	Country U.S.A.
Citizenship American			
Mailing Address			
116 Foxglove Lane			
City	Walnut Creek	State CA	ZIP 94596
Country U.S.A.			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address			
City		State	ZIP
Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.